

DOMESTIC VIOLENCE HOUSING PROGRAMS (EMERGENCY/TRANSITIONAL)

*if program is not a designated domestic violence program please use regular "Housing Programs" form to receive written consent to include name

*unsheltered households should use *Unsheltered/Living with Family or Friends* form

ONE FORM PER HOUSEHOLD

Program Name: _____

☐ Emergency Shelter

☐ Transitional Housing Program (only required if client is not already in HMIS)

Have you been continuously homeless for a year or more? ☐ Yes ☐ No

How many episodes of homelessness have you had in the past three (3) years? ☐ Less than 4 ☐ At least 4

Household Information

(Please enter each HH member below. Use additional forms if needed.)

How many people are in your household? Adults: _____ Children: _____							Disabilities					
Last Known Permanent City _____ ZIP _____							Check all that apply to each client					
Relation to Head of Household (if applicable) Spouse/Partner/ Child/Etc.	Birth Year	Gender	Race* (enter all that apply)	Ethnicity (Hispanic (H) or Non-Hispanic (N))	Domestic Violence Survivor (check if yes)	Veteran (served in Armed Forces)	Chronic Substance Abuse	Physical Disability (Permanent)	Developmental Disability	Mental Health (Substantial & Long-Term)	Chronic Health Condition (Permanently Disabling)	HIV/AIDS
Self												

*White (W), Black or African-American (B), Asian (A), American Indian or Alaska Native (I), Native Hawaiian or Other Pacific Islander (H)

Circumstances that Caused Your Homelessness (check **all** that apply)

<input type="checkbox"/> Alcohol/Substance Abuse	<input type="checkbox"/> Primarily Economic Reasons	<input type="checkbox"/> Displacement/lost temp. living sit.	<input type="checkbox"/> Language Barrier
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Job Loss	<input type="checkbox"/> Aged out of Foster Care	<input type="checkbox"/> Out of Home Youth
<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Eviction	<input type="checkbox"/> Discharged from an Institution	<input type="checkbox"/> Transient on the Road
<input type="checkbox"/> Family Crisis/Break-up	<input type="checkbox"/> Lack of Childcare	<input type="checkbox"/> Lack of Job Skills	<input type="checkbox"/> Don't Know
<input type="checkbox"/> Illness/Health Problems	<input type="checkbox"/> Medical Costs	<input type="checkbox"/> Conviction (misdemeanor/felony)	<input type="checkbox"/> Refused

Source(s) of Household Income and Benefits (check **all** that apply)

<input type="checkbox"/> None	<input type="checkbox"/> Public Assistance	<input type="checkbox"/> Farm/Other Migrant Agricultural Work
<input type="checkbox"/> Veterans Administration Benefits	<input type="checkbox"/> L&I/Workers' Compensation	<input type="checkbox"/> Relatives, Partners or Friends
<input type="checkbox"/> Unemployment Insurance	<input type="checkbox"/> Part-time Work	<input type="checkbox"/> Child Support
<input type="checkbox"/> Social Security	<input type="checkbox"/> Employed Full-time at Low-wage Job	<input type="checkbox"/> Don't Know <input type="checkbox"/> Refused

This form is only to be used at Domestic Violence agencies or other sites that do not collect personally identifying information (name and date of birth). Please use the regular 2014 PIT Survey Form (with signature line and release of information) for other locations in order to avoid duplication.

INSTRUCTIONS FOR SURVEYORS

All information in the survey is required. Forms will not be used if *location, gender or year of birth* is missing. If someone refuses to answer questions for the survey, please make sure to fill in at least these three fields for them. If you do not know the exact birth year of a household member, guesses are OK.

****Important: DO NOT provide name, birth day, or birth month for households with an individual who is: 1) in a DV agency; 2) currently fleeing or in danger from a domestic violence, dating violence, sexual assault or stalking situation; 3) has HIV/AIDS or 4) anyone you do not have written informed consent from (signature on first page).** ** However, a signature is not needed to collect other information. All homeless households and individuals should have a form filled out.

The purpose of this survey is to help with the planning of providing services and housing to homeless individuals and to identify the types of assistance needed. It is also a requirement to receive funding from HUD and the WA State Dept. of Commerce.

Disabilities: Please make sure to record applicable disabilities for each household member. If a household member has no disabilities please select NONE APPLY. If the disability section is blank we will assume the question wasn't asked or the client refused to answer.

Shelter Programs: Surveys should be collected at a shelter program (emergency, transitional or permanent supportive). Please make sure to write the name of the shelter program and batch them together when submitting to lead PIT agency.

Individuals and families in **Permanent Supportive Housing** programs are not required to fill out a complete survey. However, each agency will be required to submit to Commerce the number of clients staying in their programs on the night of the count. This survey is a great tool for that tally.

Only persons staying in one of the homeless housing programs listed above should complete this form. Unsheltered persons or persons living with family or friends should complete the 2014 *UNSHELTERED/LIVING WITH FAMILY OR FRIENDS* form.

Each member of a household should be listed in the Household Information section. **A single person is considered a household** (i.e., "a household consisting of one person"), so **single individuals should complete the Household Information section.**

If you have any questions about how to fill out this survey or how this data will be used, please don't hesitate to call Commerce at (360) 725-3028.